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Attorney for Debtor Traci Nichal Turner

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

IN RE TRACI NICHAL TURNER,

Debtor.

Case Number: 06-13358-mkn
Chapter 11

AMENDMENT COVER SHEET

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes):

- ☒ Voluntary Petition (specify reason for amendment) add trade name used by debtor
- ☐ Summary of Schedules
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☐ Schedule D, E, or F and/or Matrix, and/or List of Creditors or Equity Holders
- ☐ Add/delete creditor(s), change amount or classification of debt - \$26.00 fee required
- ☐ Add/change address of already listed creditor - No fee
- ☐ Schedule G - Schedule of Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)
- ☐ Declaration Concerning Debtor's Schedules
- ☐ Statement of Financial Affairs and/or Declaration
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Statement of Current Monthly Income and Means Test Calculation (Form 22A, 22B or 22C)
- ☐ Certification of Credit Counseling

Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to U.S. Trustee's website on our website: www.nvb.uscourts.gov

DECLARATION

I/We, declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

DATED: 1/16/2007 Signature /s/ Traci Nichal Turner
Debtor

-1-

In re Traci Nichal Turner
Amendment Cover Sheet

LAW OFFICE OF CHRISTOPHER T. SMITH
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CTSMITH@ATTORNEYCTSMITH.COM

Official Form 1 (10/05)		UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		Voluntary Petition																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Name of debtor (if individual, enter Last, First, Middle): Turner, Tracy Nichal			Name of Joint Debtor (Spouse)(Last, First, Middle): N/A.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual(s) (Inc. joint debtors) <input type="checkbox"/> Corporation (Inc. LLC, LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other: (If the debtor is not one of the above entities, check this box and provide the information requested below) State type of entity _____		Nature of Business (Check all applicable boxes) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 26 U.S.C. 501(c)(3)		Chapter or Section of Bankruptcy Code Under Which the Petition is filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 13 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments, Rule 1006(e). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to Chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. 101 <input checked="" type="checkbox"/> Debtor is Not a small business as defined in 11 U.S.C. 101 <hr/> Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to noninsiders or affiliates are less than \$2 million																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Statistical/Administrative Information (estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> </table>						\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor(s): TURNER, TRACI NICHAL.		FORM B1, Page 2	
Prior Bankruptcy Case Filed Within the last 8 Years (if more than one, attach additional sheet.)					
Location Where filed: N/A		Case Number:		Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: N/A		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
Exhibit A (To be completed if the Debtor is required to file periodic reports (e.g., forms 10K and 10Q with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.			Exhibit B (To be completed if Debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter. I further certify that I have delivered to the debtor the notice required by §342 of the Bankruptcy Code. X Christopher T. Smith, Esq., Attorney for Debtor(s)		
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made part of this petition. <input checked="" type="checkbox"/> No			Certification Concerning Debt Counseling By Individual/Joint Debtors <input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180 day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based upon exigent circumstances. (Must attach certification describing.)		
Information Regarding the Debtor (Check the Applicable Boxes) Venue: (Check any applicable box)					
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.					
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.					
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.					
Statement by a Debtor Who Resides as a Tenant of Residential Property Check all applicable boxes.					
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of the debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord)					
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and					
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.					

Voluntary Petition (This page must be completed and filed in every case.)	Name of Debtor(s): TURNER, TRACI NICHAL.
Signatures	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If the petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 11. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained the read the notice required by § 342(h) of the Bankruptcy Code. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Traci Nichal Turner _____ TRACI NICHAL TURNER, Debtor X _____ , Joint Debtor Telephone Number (If not represented by attorney) <u>January 16, 2007</u> Date	Signature of A Foreign Representative of a Recognized Foreign Proceeding I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached. <input type="checkbox"/> Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign proceeding is attached. X _____ (Signature of Foreign Representative) _____ (Printed Name of Foreign Representative) _____ (Date)
Signature of Attorney X /s/ Christopher T. Smith, Esq. _____ Signature of Attorney for Debtor(s) Print below: Attorney Name, Code, Firm, Address, Telephone No: Christopher T. Smith, Esq. Bar Number/Code: NV: 7917 Law Office of Christopher T. Smith 10161 Park Run Drive, Suite 150 Las Vegas, Nevada 89145 (702) 343-4193 <u>January 16, 2007</u> Date	Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Official Form 19B is attached. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security number (If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person or partner whose social security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: _____ If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i> [Publisher's Note: This form is NOT intended to be used by nonattorney bankruptcy-petition preparers: Schedules do not contain all disclosures required for use by nonattorney bankruptcy-petition preparers.]
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual X _____ Printed Name of Authorized Individual X _____ Title of Authorized Individual X _____ Date	